Attachment A PML2010-003

State Contract Services - Sacramento Frank Floyd, Program Manager 2450 Venture Oaks Way, Suite 500 Sacramento, CA 94833

(DATE)

Dear Mr. Floyd,

Volunteers at (DEPARTMENT OR AGENCY NAME) (ARE/ARE NOT) deemed to be employees of the (AGENCY, BOARD, DEPARTMENT, or COMMISSION) for workers' compensation purposes.

(DEPARTMENT OR AGENCY NAME) current has approximately (NUMBER) volunteers under its supervision.

Sincerely,

(NAME) (TITLE and CONTACT INFORMATION)

cc: Department of Personnel Administration
Benefits Division, Workers' Compensation Program
1515 S Street, North Building, Suite 400
Sacramento CA 95819